

INTEGRATED STATEWIDE INFORMATION SYSTEMS BUSINESS OBJECTS TRAINING REQUEST FORM

All trainee information must be comp	leted with the exception of SSN and Special Requirements
Name:	FAX:
SSN:	Agency #:
Personnel #:	Agency Name:
E-mail Address:	Work City:
Phone:	Special Requirements:

Instructor Led Classes				
Business Objects - Intermediate (1 day)	Prerequisite: Business Objects - I	ntroduction	BOJ010	
Business Objects – Advanced (1 day)	Prerequisite: Business Objects - Intermediate		BOJ015	
ISIS Liaison/Training Coordinator Approv	v al	Date	Phone	
ISIS Liaison/Training Coordinator Approval		Date	Phone	

For information concerning submission of completed forms: http://www.la.gov/ois/service/forms/submission.htm

For a complete description of courses: http://www.la.gov/ois/service/training/courses/adhocdirectory.htm